



Whole Health Program

**Funded by Substance Abuse Mental
Health Services Administration/Center
for Mental Health Services
(SAMHSA/CMHS) Grant SM-09-011**



Purpose

- **Collaborative effort by CODAC and El Rio Community Health Center (El Rio) to establish an integrated system of care**
- **Improve the physical health status of 1,300 adults with serious mental illness at CODAC's East Site**
- **Deliver fully integrated mental health, primary medical and wellness services**



Need

- **“people living with serious mental illnesses are dying 25 years earlier than the rest of the population, in large part due to unmanaged physical health conditions.” (National Council for Community Behavioral Healthcare, April, 2009)**
- **They are dying at twice the rate of and approximately 25 years earlier than the general population (Parks, J., et al, October 2006), due to often highly preventable illnesses**



Need

- **Over 1.8 million people in the U.S. – 1 one of every 17 people – have a serious mental illness such as schizophrenia, bipolar disorder, or major clinical depression (National Institute for Mental Health Statistics, 2008)**
- **Persons with serious mental illness are subjected to a serious health disparity**

Need

- **Between 50-74% of people with serious mental illnesses have at least one serious chronic physical illness, such as heart disease, hypertension, or diabetes. (Colton, C.W., et al, 2006), (Manderscheid, R. W. 2006), (Jones, D.R., et al, 2004).**
- **Of the premature deaths of people with serious mental illnesses from 1976 to 1985, 60% were due to medical conditions such as cardiovascular, metabolic and infectious diseases that are preventable and treatable (Colton, C. W. & Manderscheid, R.W. 2006)**



Reasons for Health Disparity

- **Limited access to physical health care resulting in fewer routine preventive services (Druss, et al, 2002)**
- **Symptoms of mental illnesses may also interfere with recognizing physical symptoms or with seeking help for physical problems**
- **Some people with serious mental illnesses make lifestyle choices – such as tobacco use, alcohol and other drug use, lack of exercise, and poor eating habits – that put them at greater risk for disease and premature death (Connolly, M., & Kelly, C. 2005)**
- **While 22% of the general population smokes, more than 75% of people with serious mental illness are tobacco-dependent (Time, December 3, 2008)**



Reasons for Health Disparity

- **Some psychiatric medications have side effects including increased risk for weight gain, diabetes, high cholesterol, insulin resistance, and metabolic syndrome (Newcomer, J.W. 2007)**
- **Some primary health care providers may lack the skills, confidence or time to effectively treat people with serious mental illnesses (Traveline, J.M., et al, 2008)**
- **Difficulty in or lack of communication between physical health and mental health treatment providers and their different practice styles, vocabulary, cultures and few interaction opportunities (The Health Foundation of Greater Cincinnati, October 2008)**



Reasons for Health Disparity

- **Separation of the treatment for physical and mental illnesses with different treatment guidelines, payment rates, rules and provider qualifications and specialties is a system-level barrier (The Health Foundation of Greater Cincinnati, October 2008)**
- **Stigma associated with serious mental illnesses can interfere with establishing the therapeutic relationship necessary between a patient and provider**

16 State Study Results: Years of Potential Life Lost

Year	AZ	MO	OK	RI	TX	UT	VA (IP only)
1997		26.3	25.1		28.5		
1998		27.3	25.1		28.8	29.3	15.5
1999	32.2	26.8	26.3		29.3	26.9	14.0
2000	31.8	27.9		24.9			13.5

CODAC Behavioral Health Services
Arizona Integrated Models of Care
Forum



SAMHSA RFP Issued

- **Over 300 applicants applied for funding**
- **CODAC Behavioral Health Services one of thirteen grantees awarded funding of \$500,000 annually for four years**



Program Goals

- **To develop and implement an array of integrated services to improve the physical health status of people with serious mental illness served by CODAC's East Clinic**
- **To incorporate a prevention and wellness approach into integrated service provision**
- **To cooperate and collaborate with El Rio to ensure provision of coordinated integrated primary health and behavioral health services and improve the physical health status of persons with serious mental illnesses served by CODAC's East Clinic**

Program Objectives

- **To identify and provide wellness, preventive and primary health care to persons with serious mental illness who also have diabetes to:**
 - **Reduce the percentage of persons with poor HbA1c control to 15% or less**
 - **Refer and screen at least 80% of persons annually for completion of a retinal exam**
 - **Complete foot evaluations on 95% of persons at each visit.**
- **To identify and provide wellness, preventive and primary health care to persons with serious mental illness to improve management of symptoms/contributing factors of cardiovascular disease/heart disease by:**
 - **Performing blood pressure readings at each visit**
 - **Conducting fasting lipid profiles annually**

Program Objectives

- **To reduce disease, disability and death from cancer through wellness education, prevention, screening (breast, cervical and colon cancer as age and gender appropriate) and treatment**
 - **Women older than 41 to have had a mammogram in the past 2 years with goal of >70%**
 - **Women older than 20 who have had a Pap smear in the last 3 years with goal of >90%**
 - **More than 50% of adults older than 50 to be screened with at least one of the following:**
 - **FOBT within one year**
 - **Sigmoidoscopy within 5 years**
 - **Colonoscopy within 10 years**

Program Objectives

- **To reduce disease, disability and death from infectious diseases; including vaccine-preventable diseases**
 - **Adult served age 65 and older to be vaccinated for influenza with a goal of 90%**
 - **Adults served age 65 and older to be vaccinated with pneumococcal vaccine with a goal of 90%**
 - **Adults aged 18 to 64 years to be vaccinated for influenza with goal of 60%**
 - **Adults age 18 to 64 years to be vaccinated with pneumococcal vaccine with goal of 60%**
 - **Provide HIV screenings for all adults identified as at-risk**
 - **Provide HIV/AIDS education, counseling and primary health care for adults who are identified HIV/AIDS positive.**



Program Objectives

- **To identify and provide wellness, preventive and primary health care and effectively treat tobacco use and dependence**
 - **Assessment and education to help adults stop tobacco use**
 - **Tobacco Cessation to include:**
 - **self-help exercises**
 - **stress-management**
 - **promote problem solving skills, goal setting and decision making**
 - **encourage relapsed smoker to try again**
 - **prescription of nicotine replacement therapy**



Evidence-Based Practices (EBP)

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
- **Dialectical Behavior Therapy (DBT)**
- **Seeking Safety Treatment**
- **Person-Centered Healthcare Home (PCHH) model**



Program Evaluation – Impact Consultants

- **Program goals and objectives data to be pulled from existing primary & behavioral health electronic records**
- **Built Data Repository for goals and objectives data**
- **Collecting RAND TRAC Data (Transformation Accountability Data)**
- **Collecting NOMs (National Outcome Measures)**
- **Collecting GPRA data (Government Productivity Reporting Act)**



Lessons Learned

- **Cultures of collaborating agencies are integral to the success of providing integrated care. A new “Whole Health Culture” had to be built.**
- **Conflicting organizational policies needed to be discovered, discussed and revised.**
- **Development and ongoing revision of an efficient work flow is important.**



Barriers and Solutions

- **Plan to build bridge between two different EHR systems was too time intensive and too expensive. Solution?**
- **Delay in state licensure of medical services. Solution?**
- **Medication seeking (narcotics/opiates) members. Solution?**
- **Lower levels of program enrollment than anticipated. Solution?**



Tips for Adoption/Replication

- **FNP or MD can serve 1,000 persons annually with the assistance of:**
 - **Registered Nurse**
 - **Medical Assistant**
 - **Medical Office Specialist**
- **Three Exam Rooms are Optimal**
- **Care Coordinators (3) ensure excellent coordination of care**
- **Wellness/Peer Specialists (2) ensure good outcomes**



Tips for Adoption/Replication

- **Should Behavioral Health Clinic be embedded within a Federally Qualified Health Center?**
- **Should Federally Qualified Health Center be embedded within a Behavioral Health Clinic?**



Start Up Costs

○ Building Modifications	\$ 32,000
○ Desktop Computers	\$ 13,500
○ Software Licenses	\$ 5,000
○ Telephones	\$ 1,000
○ Exam Rooms (3)	\$ 6,000
○ Office Furnishings	\$ 4,800
○ Medical Supplies	\$ 5,000
○ Office Supplies	\$ 3,000
○ Staffing	\$485,000
○ TOTAL	\$555,300 plus admin costs



Annual Sustainability Costs

- **Medical Supplies** **\$ 5,000**
- **Office Supplies** **\$ 3,000**
- **Staffing** **\$485,000**
- **TOTAL** **\$493,000 plus
admin costs**



Contact Information

Dona Rivera-Gulko
Vice-President for Adult Services
CODAC Behavioral Health Services
drivera@codac.org